

10/19/98  
jc540 U.S. PTO

A/Reissue

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (1/98)  
Approved for use through 09/30/2000. OMB 0651-0033  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.

WARR 0127 R

First Named Inventor

David Morrow

Original Patent Number

5,568,925

Original Patent Issue Date  
(Month/Day/Year)

October 29, 1996

Express Mail Label No.

EG152829060US

### APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

1. ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53 or 54)  
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

7. ☐ Transfer drawings from Patent File
8. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
9. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
10. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
11. ☐ \* Small Entity Statement(s) ☒ Statement filed in prior application, Status still proper and desired  
(PTO/SB/09-12)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Other: .....

\* A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

### 15. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

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30,614

Signature

Date

10-19-98

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

WARR 0127 R

**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 57	Total Claims (37 CFR 1.16(j))	(B) 74	**** 17 =	x \$	=	or x \$	=
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$	=	x \$	=

Basic Fee (37 CFR 1.16(h))

\$395.00

Total Filing Fee

\$395.00 OR

\$

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 74	MINUS	** 57	= 17	x \$ 11 =	187.00	or x \$	=
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS	***** 3	= 2	x \$ 41 =	82.00	x \$	=

Total Additional Fee

\$664.00 OR

\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-3978.  
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 664.00 to cover the filing / additional fee is enclosed.

10-19-98


Date

  
Signature of Applicant, Attorney or Agent of Record

Mark A. Cantor

Typed or printed name

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 57	Total Claims (37 CFR 1.16(j))	(B) 74	**** 17 =	x \$ 11 =	187	x \$ _____ =		
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$ 41 =	82	x \$ _____ =		
Basic Fee (37 CFR 1.16(h))					\$ 395.00		\$ _____	
Total Filing Fee					\$ 395.00	OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 74	MINUS	** 57	= 17	x \$ 11 =	187.00	x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS	***** 3	= 2	x \$ 41 =	82.00	x \$ _____ =	
Total Additional Fee					\$ 664.00	OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-3978</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>664.00</u> to cover the filing / additional fee is enclosed.</p>								
<p>10-19-98</p> <p>_____ Date</p>				<p style="text-align: center;"></p> <p style="text-align: center;">_____ Signature of Applicant, Attorney or Agent of Record</p> <p style="text-align: center;">Mark A. Cantor</p> <p style="text-align: center;">_____ Typed or printed name</p>				